

PROCEEDINGS OF THE AD HOC
MENTAL HEALTH TREATMENT COMMITTEE

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding Mental Health Treatment on Thursday, September 24, 2015 at 6:00 pm in Room 365, Community Treatment Center, 3150 Gershwin Drive, Green Bay, Wisconsin.

Present: Supervisor Zima, Supervisor Hoyer, Supervisor Robinson

Also Present: Luke Schubert, Erik Pritzl, Dave Lasee, Sheriff Gossage, Rebecca Lindner, Cheryl Weber

I. Call meeting to order.

The meeting was called to order by Supervisor Guy Zima at 6:06 pm.

II. Approve/modify agenda.

Motion made by Supervisor Hoyer, seconded by Luke Schubert to approve the agenda. Vote taken.
MOTION CARRIED UNANIMOUSLY

III. Election of Chair.

Sheriff John Gossage nominated Guy Zima as Chairman of this Committee.

Motion made by Supervisor Hoyer, seconded by Supervisor Pritzl to close the nominations and cast unanimous ballot. Vote taken. MOTION CARRIED UNANIMOUSLY

Zima stated that he will accept the chairmanship of this committee however, he wanted to be sure that people knew this is not an ego thing at all, but rather, he just wants to get something done. Sheriff Gossage said that since Zima had prior history and experience in working on mental health issues throughout the county for a number of years, he would be a good choice for Chair. Zima stated that he served on the 5142 Board and also on the Human Services Committee as well as the Public Safety Committee and his long term experience is what prompted him to bring this issue forward.

IV. Election of Vice Chair.

Zima nominated Erik Hoyer as Vice Chairman of this Committee.

Motion made by Guy Zima, seconded by Erik Pritzl to close the nominations and cast unanimous ballot. Vote taken. MOTION CARRIED UNANIMOUSLY

DA David Lasee arrived at 6:15 pm.

V. Set date and time for regular meetings.

After discussing the meeting dates and times, it was decided to meet on the third Thursday of the month at 4:00 pm. Meetings will be held in the board room at the Sophie Beaumont Building.

- 1. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long-term mental health**

patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.

- 2. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

Both of the above Items were taken together.

Zima stated that this committee has a common goal and he would like the meetings kept progressive with goals being set, reports being heard and then discussed. Robinson noted that his attendance would be hit and miss due to his work schedule, but noted that Hoyer is the official rep of the Human Services Committee. Zima noted that if anyone has special scheduling needs to let him know as accommodations could possibly be made. Zima also noted that he would like this committee to give regular updates to the Human Services Committee.

At this time, Hospital and Nursing Home Administrator Luke Schubert provided the committee with an overview of the facilities and programs provided. He stated that on the inpatient side they have a 63 bed skilled nursing facility. They always keep two beds open for emergency protective placement so if someone is in a lower level setting and has a need that is not being met in their current environment, they could be brought in to those emergency beds. The nursing home stays consistently pretty full.

With regard to the hospital, Schubert noted that a few years ago they had 30 beds, but about a year and a half ago they split the unit in half and made a few other modifications to convert to having a 16 bed hospital with a 15 bed CBRF that is licensed for crisis stabilization. There have been some up and down census numbers in the CBRF and this has been getting some attention recently as over the last 6 – 9 months they have been averaging about 1 or 2 residents. Schubert stated they are currently at 6 and are working on increasing the numbers with marketing efforts.

Zima asked for the history of what the facility was 10 years ago compared to what it is today. Schubert's understanding was that the hospital census was declining and a decision was made that the 31 bed hospital was not needed and that was part of the motivator to downsize to the 16 bed psychiatric hospital. He noted that the census at the psychiatric hospital is pretty consistent at 10 – 12 and they always keep 4 beds open for in-county placements. The average length of stay is 4 days and on any given day they could have a census anywhere from 5 to 16, but it tends to be closer to 10 – 16. At times they do have to divert patients to other facilities when the capacity is at a maximum.

Zima asked what the county's largest capacity was and Assistant Corporation Counsel Rebecca Lindner thought that the adult inpatient beds had always been the same and what used to be Unit 7 was 31 or 32 beds plus additional beds for adolescents. She also noted that the nursing home had more capacity at the old facility. Zima recalled that there was a time when Brown County was sheltering mentally disadvantaged people and due to a law change these people were put in a less restrictive environment which was good in

a lot of cases. However, at the same time, some of these people migrated their way into the jail system which has put pressure on the jail facility. Zima continued that his sense is that building additional pods at the jail is hanging over the County's head.

Zima continued that 16 beds for a county the size of Brown County seems somewhat miniscule. He noted that the nursing home used to be much bigger but because a lot of the population migrated out through the law, a smaller facility at a lesser cost was built, but he feels the time has come to make a determination as to where the County wants to house the mentally ill. Should these people be housed in a facility where they can get some help and are less problematic and do not find their way into the court system, or do we just want to keep treating them in the overloaded jail system? Gossage noted that they do not treat people in the jail and Zima stated he did not think the jail should become a treatment facility. He felt that treating the mentally ill as criminals is not the way to go and further, the jail staff is not geared to provide treatment. Zima did not think it took a strong mind to figure out that having a facility at the CTC that can give the people the proper treatment is the way to go. He realizes there would be a cost to this, but noted that everyone at this meeting agrees that there is a common goal that needs to be met. Zima continued that band-aids year after year are not appropriate and the county needs to find a way to deal with these issues. He noted that one-third of the jail population has some level of mental health issues. Zima felt that if half of those people are diverted through a mental health facility and stay out of the jail, it will push back the date that the big, ugly addition has to be made to the jail. He is hopeful that everyone on this committee is focused and will not accept any bureaucratic foot dragging.

Director of Administrator Chad Weininger arrived at 6:30 pm.

Zima welcomed Weininger to the meeting and indicated that as the liaison to the County Executive, he fully expects County Executive Streckenbach not to hide on this. Zima will not allow that.

Pritzl stated that he felt his perspective may be slightly different than Zima's and he wanted to speak to the group about this so they understand. He stated that there are a lot of pieces to this. What he wants is for people who have a mental health need who present for treatment to have access to care. Where the care occurs seems to be where different opinions are starting to be seen. Pritzl stated that he is interested to hear why people with mental health issues are ending up in the jail. He is not interested in going down the track of "let's build something else" because he does not think this is just about putting people places. He agreed that there are definitely people who could benefit from diversion and sometimes they end up in the jail system and a way has to be figured out to get them out to an appropriate place for treatment. Pritzl does not want this framed as an either/or situation; either build a jail or build a hospital. He felt that there was more to this than simply placement. Zima stated that all of the people that need mental health treatment are not in the jail. They are on the streets, in the homeless shelters and a number of other places, but they find their ways into the jail system rather than a mental health system. Zima reminded the group that the County's population grew 20,000 in the last decade yet the county facilities have downsized because they do not want to spend the money. Pritzl responded that it is not that simple. He agreed that the population has increased, but inpatient use in a hospital setting has decreased significantly over the last 30 years. There are many reasons for this such as medications, more community resources and other

things. Population and institutional size are not linked where if one goes up the other one should go up too. Zima stated that what he is referring to is access to treatment.

As to why these people with mental illness are ending up in jail, Gossage shared that law enforcement officers are problem solvers. Many times law enforcement goes to calls at the same residence time after time after time and nothing is done because it is not illegal to be mentally ill in society. In an effort to try to rectify that, sometimes arrests are made. One of the things they are doing is going through CIT training to train and educate officers that these people are acting up based on their mental illness and not because they are trying to overtly commit a criminal act. Gossage felt there has been a better response as of late in this regard, but this is not to say that it does not still occur. One of the challenges that law enforcement has is they do not have the resources to tell someone where to go for help. Another issue is that there is the compliance component and if an individual does not take their medication then they tend to get off the plateau and become more and more of a problem within the jail. Gossage added that with regard to diversion, he has the authority to take someone into custody and monitor them while they are in the jail. If they get booked in, it is his job to be sure that they are monitored and safe. He feels the key component is diversion. Once a judge sends someone to jail, Gossage does not have a choice to not watch them or treat them. There are some components such as the EMP bracelet program where people would be monitored by the bracelet but still have the judge order them to have some type of treatment component.

District Attorney David Lasee added that these people are ending up in jail because they have committed a crime, but in many instances their mental health is driving the criminal behavior. Until our system works its slow wheels, these people have to be supervised somewhere. He said that there are times when a crime was committed and jail may not be the appropriate place to house the offender, but there is no other safe alternative at this point. Jail is sometimes the only safe alternative. There does need to be an alternative and things like the EMP program or day report centers where there is some monitoring involved may be less intrusive settings than the hospital. He hears what Zima is saying, but noted that a hospital is not a cheap alternative and Pritzl agreed. Lasee stated that a hospital may be a more effective facility as jail often exacerbates mental illness. He felt that cost is one issue when it comes to where to house people, but his opinion is that the major issue is to have the right place to put these people. Lasee continued that there are people he would love to help, but there is not much he can do when there is no safe alternative. Additionally, it could take as long as 60 days to have an assessment done on a person on their ability to stand trial and there is no place for them to go in the interim so they sit in the jail until the assessment is done. Cheryl Weber of JOSHUA asked why it takes so long to get an assessment done and Lasee responded that it is due to the waiting list and there are only 10 – 12 people in the state who do the assessments.

Pritzl stated that there are a number of decision points throughout the process, regardless if someone is going in the criminal justice path or a mental health commitment path and he thinks making the right decisions at these points is important. There is a decision point at the initial contact with law enforcement as to whether to take the person into custody or not. After that decision is made, there are other points that follow and Pritzl felt that the decision points should be looked at to see if the right response is being given to those with mental health issues. He continued that there is the mental health court piece that helps to pull people over, but he wondered if there were other things that could be done. Gossage stated that when an arrest is made, it is based in Statutes. If a crime is committed, law enforcement has no other

choice than to take them into custody and go through the follow through of the Crisis Center. His department does a good job of triaging things, but he noted that they are a band-aid, not a treatment facility. They identify the needs that exist and then they talk to the professionals.

Lasee agreed with Pritzl with regard to the decision points and felt that officers are getting better and determining who should be locked up and who should not be and he also noted that the DA's staff is trying to do a better job of making determinations as to issuing cases or evaluating for alternatives. Lasee said his office is very much in favor of diversion out of the system, but there has to be an option and appropriate programs to divert them to. He noted that the number one goal of the DA's office and law enforcement is public safety. When law enforcement is dealing with an individual and they can tell that the person is not safe and is not likely to be safe anytime in the future until there is some intervention, there needs to be some tools to help get that person to that point to ensure public safety. Lasee stated that if law enforcement decides not to lock someone up or the DA's office decides not to keep the individuals locked up and as a result someone gets hurt or killed, or the person harms themselves, there will be much bigger problems. Lasee would like to talk about getting more tools in place.

Jail Security Lieutenant Phil Steffen stated that when the design plan for the mental health center came about, one of the concerns they had at the jail was how it would affect the jail. He stated that the mental health center does a great job of dealing with some people, but what is needed is an intermediate piece of diversion of placement so that when law enforcement deals with someone with mental health issues they can be diverted to intermediate type care to start getting them stabilized, not to a hospital bed or jail bed. He noted that this needs to be a 24/7 center because they deal with people all day long and where they run into problems is that there is not any secondary resources. Zima stated that right now people are either being taken to jail or not charged and neither of those seem to be the right solution. Steffen added that people do have rights and they cannot force people to go to treatment against their will unless it is an arrest type situation or an emergency situation.

Pritzl stated that they do have Bay Haven which is licensed as a CBRF and is actually similar to what Steffen is describing, but the people have to be there voluntarily. He said that often when people are presented with information regarding potential cost, they do not want to be there. Zima said that if there are a large number of law enforcement calls to the same person each month, that is a misuse of resources. Pritzl stated that a person's right to refuse care and treatment is protected. Gossage said that the judge can order diversion with treatment as a condition of bail, but law enforcement cannot make that determination. Lasee stated that they release people from jail with the condition that a person resides in a certain location but a judge has the authority as a condition of bail release to require someone to reside in a specific place.

Weininger asked what additional tools are needed. Gossage stated that a judge can order EMP for intermediate offenders. Lasee added that lower level people can use EMP or, for a different level of care, there could be residential care, but those options are what is needed. Lasee stated that he is not necessarily even talking about expensive hospital residential; it can just be a place for them to stay and they put a bracelet on them to be sure they are where they are supposed to be. Zima felt that if there was

a diversion facility the judge and the district attorney and sheriff could all work together to protect the people and protect people from themselves.

Hoyer asked how many people come to the jail with mental health issues each month. Steffen stated that everyone claims mental health issues when they come to jail, but many times those that actually need the help do not claim it. Steffen said it would take some time to get some specific numbers, but at this time he would estimate that he has five inmates that would need to be supervised outside of the jail because of mental health issues. Weininger asked if there are any organizations that currently have a facility in the community that could be tailored to serve these people. Pritzl stated that they currently have two diversion facilities, both of which are CBRFs. There are 15 beds at Bay Haven and 20 diversion beds for a total of 35 crisis stabilization diversion beds which is a good number. He continued that capacity right now is about 75%. The two facilities look very similar in terms of programming and people they serve, but the one difference is they take residents from other counties in diversion and that facility is a step down with CNAs present, but not 24/7 nursing care or a psychiatrist there. The next step down from this would be a something like an adult family home.

Lindner stated that the problem with the diversion beds at Bay Haven are that they are licensed CBRFs as is Nicolet so if they are talking about individuals being charged with violent felonies, the CBRF licenses will possibly prohibit them from being there. She felt that one thing that should be looked at is what other type of license would allow taking someone with felony charges. Pritzl stated that that is something they could look into, but he did not know if it was possible. Weininger asked if the licenses could be changed and Lindner stated that there is a group looking at a facility that is licensed for alcohol detox. She stated that she spoke with the homeless outreach person earlier in the day about where someone charged with a violent felony who does not need to be in jail could go and all of the current facilities were excluded as options because of the licensing. Zima felt that this was the type of facility the County needs to contract for or build ourselves. Locked facilities are available at Winnebago and Mendota.

Lasee stated that once the DA's office becomes comfortable and learns a little more about a person charges can be modified, however, they are not comfortable doing that without evaluating a person, especially for things like violent felonies such as substantial battery which really may not be all that serious in some cases given the spectrum of substantial battery. He noted that sometimes there are benefits to charging with a felony because it gives a longer time period to get care and more time for the DA's office to evaluate a person. Lasee stated that many times it is not a question of whether someone committed an act, but more of a question of did the mental illness cause this or are they competent to stand trial and where do they go in the interim until they can be evaluated to determine whether or not they need to go to prison. He is a public safety expert and not a mental health expert and he cannot let people out of jail into an unmonitored situation if they have committed a violent act until a mental health professional can evaluate them and say their mental health caused the act and there is a place to provide treatment.

Zima asked if it was the consensus that the facilities we have are underutilized. Pritzl responded that we have capacity right now that is not being used and there are diversion beds that are empty. Zima asked if some modifications could be made to separate a facility to serve both non-violent and violent people. Schubert felt that one of the things that could be looked at is could one facility being doing one thing while

the other facility is doing the other thing. The facilities could then be specialized and licensed appropriately.

Zima asked what the current staff at the mental health center is. Pritzl answered that they have RNs, two psychiatrists that serve the inpatient units, an APNP that comes on the unit and CNAs. Pritzl asked if the psychiatric staff is capable of doing evaluations. Lindner responded that only state doctors from Winnebago or Mendota can do criminal evaluations. Lasee asked why some of our own psychiatrists cannot do the evaluations. He noted that it would not necessarily have to be a full scale competency evaluation or an evaluation for not guilty by mental disease or defect, but more of an evaluation to tell the law enforcement officers, the DA's office and the judges what the options are for the person to be monitored safely. Lindner asked if increasing medical staff at the jail would help. Steffen responded that the jail is a facility that is set up to keep people safe and there is isolation and separation when necessary. People that are self-harming or a danger to themselves or others are put into safety cells, restraint chairs or other things to keep them safe. Lindner asked if more evaluations could be done within the jail if they funded more doctors. Steffen stated that he was not sure how that would work with licensing.

Lasee stated that doing an evaluation is good, but he felt that history and health records also need to be reviewed and he questioned how to go about getting a release to gather that information. He did not feel it was appropriate to rely upon just the information provided by the person as sometimes they are not in the correct state of mind to accurately provide information. Additionally, sometimes when mental illness is used as a crux people will intentionally mislead. It was indicated that the Sheriff's Department is currently working on this with Human Services. With regard to past clinic records Pritzl noted that if they are trying to get those records, a release is necessary. He wanted to know what information he could present to their doctors to let them know what they are looking at as far as having them do some evaluation. He thinks it would be important to relay to the doctors what kind of information they should gather to help make specific decisions. Lasee stated that what he is thinking is having a tool to tell him that a person is not going to be a safety risk and can be treated someplace other than in the jail and then he may hold off on a felony charge and place them in a less restrictive setting and be sure they go through treatment and if all goes well, they may not be charged with the felony. But unless he has a tool that tells him the community is going to be safe in the interim, Lasee is not comfortable doing this. He is looking for some type of risk assessment based on the mental health needs that is a combination of what the mental health needs are and if they can be treated and if they are a safety risk.

Pritzl talked about the decision points he mentioned earlier and felt there is a question as to what an assessment or screen needs to encompass at different points of the process and wondered if we should be looking at tools across the whole range like whether someone should go into diversion or not and should someone be safety planned or not. Lasee agreed with Pritzl and felt that various tools should be used throughout the process to assess and evaluate what should be done. He stated at this time we know what happens up front but then later we stop and just say that that is the course of the person and that is where they are going to stay. Gossage stated that this is a great point and this may be one of the decision points where we need to have someone with Family Services, who the county contracts with, on this board to discuss the options because when law enforcement hands an individual over to Family Services, it is in Family Services' hands and they make the determination at that point and law enforcement is no longer

involved. If Family Services knows that there is diversion capability, they may be able to divert a person instead of having them end up on an EM1 at the CTC.

Lasee stated that if there are five people in the jail that Steffen knows of, there are probably quite a few others that are revolving doors that clearly have mental illness. He referenced one case that has had eight referrals in less than a 12 month period and it is mostly nuisance stuff, but semi-violent misdemeanor things where the person needs to be removed from the situation and the person ends up back in jail with another referral. Lasee felt we need to continue to evaluate those decision points through the process to try to minimize contacts with this type of person. Steffen stated that these individuals are generally compliant and start taking their meds once they get to jail and then start to be stabilized but the issue comes when they get out of jail and go off their meds and it becomes a vicious cycle. Gossage responded that one of the issues Pritzl is working on is getting the collaboration so people can move out of the jail facility into treatment in the community to reduce recidivism and he thought this would be a tremendous benefit. Pritzl added that once these people are connected with a clinician, it is the clinician's job to stick with them and make sure they are getting connected with resources. Pritzl felt if people were engaged and we really work at it, there can be success. Lasee noted that this would not necessarily be fully voluntary; follow-up treatment could be ordered as a condition of bail or to not charge and as a condition of a deferred agreement the person would be ordered to have some follow-up care. Lasee continued that these conditions are quite common and typically include things like the person will not drink and will take prescription medications as directed. Zima noted that these are just words and Lasee agreed but noted that they would not be just words if there was some follow-up after care facility with the ability to report compliance, and then there could be immediate repercussions.

Zima noted that he felt that these issues are solvable without too much effort. He felt that applying money in the right effort was important and he felt that the staff could put together a report of exactly what is needed that could be forwarded to the County Board. He would like to see something on the drawing board for building or contracting for this type of facility so there are more options for the courts and the justice system. He did not feel it was just mental health, but it was addiction treatment as well as addictions lead to an increase in crime. He noted that 80 – 90% of crime you hear on television is related to drug use and abuse and sales and what people do to find a way to feed their habits and Brown County does not really have treatment for this. Pritzl noted that they do have treatment and capacity, but he said the heroin needs to be separated from other treatment. Pritzl noted that right now they are able to get someone in for treatment at the CTC in the outpatient services program within about three weeks. That includes some treatment for substance abuse for opiates, but if you get into medically supported treatment, that is different. Pritzl noted that someone who wants help could present themselves to the CTC for a screening and assessment and then there would be a short wait to start the intensive outpatient program. Weber asked why the wait is three weeks and Pritzl responded that it is numbers/staffing issue. Weber asked if Pritzl should ask for another staff member and Lindner responded that another inpatient doctor and more staff has already been presented to the Board and she also noted that the wait list actually has gone down, but much of this comes down to what is available in the funding. Pritzl noted that they actually had doctor time available for some of these services, but they did not have the clinician time, so he asked for a clinician to get people to the doctor. One of Pritzl's goals for next year is to reduce the wait time by 25% and figure out what can be done in the interim during the wait period.

Steffen reported that detox protocols are being done at the jail for alcohol, heroin, benzos and opiates. Zima spoke anecdotally and stated that he has a constituent that has a son that got mixed up with the law and he had a heroin problem. The constituent was taking her son to Appleton daily for treatment and this addict got in a situation where he went to jail and that is where he dried out. Steffen noted that heroin is a terrible drug with horrible detox. Zima also noted that there have been quite a few heroin deaths in the county. He questioned if there is any marketing going on letting people know that help is available in Brown County. Pritzl stated that we could do better with marketing and admitted that they are not getting the word out. He stated that people connect through 211 or through the Crisis Center, but he felt that things could be marketed better to let people know the CTC is there and can serve them.

Zima asked what happens when someone goes to the Crisis Center. Pritzl responded that part of the process at the Crisis Center is disclosing issues, talking to the crisis counselor and getting referrals for services. Lindner stated that the Crisis Center does tell some people that they can call the CTC for help but she felt that contact information on the website could be better. She also noted that many times when people come for help, they detox but they do not want to be in a long-term outpatient program and they are out a little bit but then end up coming back in. Pritzl stated that there is a basic needs group that talks about this and the fact that they have to constantly be reaching out and accept the fact that people come in for treatment, have set backs and then exit and this can happen many times before there is success. The concept he likes is to meet somewhere where they are at, keep working at it, and have the patience as a system that it is going to take a while to get through.

Weber noted that she is on the Brown County Mental Health Task Force and they are rebuilding the 211 website because most of the doctors and facilities on there are non-profit or MA so they are going to put as many other facilities on there as they can. She did agree that the website is not very user friendly, but noted that they are under contract and until the contract is done they cannot get new software or a better system. When the website is revised, this group is planning on doing some advertising and public forums.

Zima said he is passionate about diverting people out of the jail and doing something to prevent them from getting there in the first place. His big concern is that building a few more pods at the jail is going to dry up so much of Brown County's resources and there will not be money to do anything and the problems are going to compound. Gossage felt that if there is no treatment, this will be cyclical and we will continue to harbor the generations.

Weber asked about the status of asking for a liaison between the jail and the county and Pritzl responded that he has asked for that and he felt that there was good support for that and they are working on how to present it. Gossage felt that would work very well and will provide more information sharing and collaboration and will also hopefully reduce recidivism and increase participation in the outpatient setting and give resources to individuals to let them know where to go for continuing care. Pritzl said the collaboration between mental health and criminal justice is very important and things they have been working on include the liaison concept as well as the information sharing. Information sharing cannot be a barrier to getting people the treatment they need and Pritzl felt the county is on the right track. He noted that there are already a lot of pieces in place, but it is a matter of making all of these pieces work together. He also referenced a day report center as mentioned by Lasee earlier and felt that was a missing piece that

could provide a comprehensive resource for people to go to get treatment and check in and other services and be a constant. He stated that this group seems to have a lot of good ideas and this is a good group, but we have to determine what to do next and what information needs to be gathered to move forward. He said a lot of it is numbers and he wants to be sure that the County is working up to the full capacity that resources allow as people are getting to crisis situations and ending up in places they should not be.

Zima felt that the majority of the Board will step up to the plate on these issues. If there is someone in the group that says we can handle things the way they are, Zima would rather they not be in this group. He felt we need to identify and get help for the population that is using up the community resources and further, the CTC has got to become a more dominant force in solving problems. Zima opined that saying there are not problems or that we just have a minor problem is not accurate. He continued that to a great extent we are talking about prevention and historically, very little money has been put into prevention. This is something that is real and Zima said we need to find the people who need help and encourage them to get it. If the judges have the ability to give people choices, it would be a start. Zima knows that not everyone is going to be a success case, but he felt we can do a heck of a lot better than what is being done right now. Getting people the help they need will relieve the rest of our system in his opinion.

Pritzl stated that not only do we need to do what the group decides that is treatment oriented, we also have to advance an idea that a certain percent of whatever is being spent on treatment should also be set aside for prevention. If we do not start working on prevention we will continue to do treatment and the cycle will keep going. A bold commitment of setting aside a special percentage earmarked for prevention would send a strong message that the county wants to fund a full continuum of care. Zima said he thinks that the general population does not know where to go for help. Gossage noted that the State has recently done a number of PSAs regarding heroin overdoses and prescription drug overdoses. Lasee agreed that there has been a lot of discussion on this, but felt that the concrete "we can deliver you treatment and here's how it is delivered" is the message that is getting lost. When people find themselves in crisis, they need immediate help, not help in three weeks and this is typically a population that does not plan ahead for three weeks. He felt the county needs to do a better job of packaging how you get treatment so they know exactly where to get help and how to get it.

Steffen said he thinks of these issues as a tool box and for years there has been a hammer and screwdriver in the toolbox and for years that is what we have used to fix things. What we need is more tools in the tool box to make good assessments and decisions at each point. We need to figure out what tools are needed. Steffen continued that right now everything is individualized and everything needs to come together for success.

Zima said that the time frame is short in light of the fact that the budget will be finalized in November, but he felt that we should come up with a rough amount of money to set aside so we can get going soon. He does not want to see this put off for another year. Pritzl like this idea, but he does not want to throw money at something not knowing what we are doing. It has to be something that makes sense and is based on evidence. Zima said we need a realistically good number to give us the freedom to start making changes. Anything that is not used can be carried over until next year. Weininger asked what the number is going to look like and what will the money be spent on. There are a number of options that need to be

narrowed down to be able to say we believe it will cost “x” to do these specific things. Weininger stated that the numbers should be assigned to some conceptual framework to add to the toolbox. Zima suggested that administrative staff meet with Pritzl and the DA prior to the next meeting so they could come forward with some numbers that could make an impact. Gossage noted that he could put numbers together with regard to the EMP program, but he felt the key component that is missing is Judge Zuidmulder as it is really up to the judges to decide if they will allow diversion. Gossage does not want to speak out of turn, but he thought a great starting point would be mental health court as that is a good place to start getting these people in to the system. He noted that he is not the only law enforcement agency involved in this; there are nine other law enforcement agencies in the County that will be stakeholders in this.

Zima asked Lasee if he felt the judges would be resistant to having another tool in their toolbox. Lasee did not think there would be conflict, but noted that there are eight judges in the county who are elected officials who can do things the way they want to do it. He continued that there is a change through criminal justice to look at more effective, aggressive methods. Lasee felt that as long as the judges are satisfied that there is a safe place or safe alternative they will probably be receptive. There are very few judges in the county who want to punish people just for the sake of punishing people. What they want to do is make sure the community is safe and provide people who need treatment with that treatment they need so if there are tools to accomplish those objectives, Lasee felt the judiciary would support that.

Zima asked if any other counties have this type of diversion. Lasee stated that there are day report centers all over the place. Gossage said that he and Lasee and the County Executive went to Outagamie County to look at their day report center and noted that there are many day report centers. Zima felt the niche missing is a locked diversion facility and a day report center is not a lockdown type facility. Pritzl asked Zima if what he is suggesting when he refers to a locked facility, if he is suggesting a facility that is an alternative to jail for people with mental health issues that is locked and secured. Zima said that that is one thing we need and Pritzl responded that he is not sure that we can do that legally. Lindner added that diversion or Bay Haven are not locked, so a person could be diverted there but if the person wants to walk out, they can and then the police would need to be called to get the person back if they are there as a condition of bail.

Lasee stated that he would like to see a facility where people could go for a little more hands on monitoring in a better environment that is healthier. He did not think it necessarily needs to be locked because they can be placed there on court order. Lindner said that a locked facility is a whole different set of rules because constitutional rights would be taken away if they are locked but people could be ordered to an unlocked facility where the person would be either there or jail. Pritzl said this would be looking at using and staffing the CTC differently for this different population we are discussing. Lindner stated that the current facility can take some people, depending on the charges and whether they are safe and there are licensing issues with the CBRF. She stated that she would not turn down money for mental health resources but also noted that the case managers in outpatient have very high caseloads so if we are talking about taking more people in more facilities, we would also need funding for case managers to watch the people.

Zima would like Corporation Counsel, the Sheriff, DA and Human Services to come back to the next meeting with their biggest need at this time along with a number with it and also what it would take to have the facilities that we feel are important. Zima felt that if this group comes before the Board as a group, the County Board will listen as they want to solve problems to avoid building another jail pod. Gossage stated that the jail is currently at 93% capacity and there are 103 people out on the EMP program. Zima was pleased with the Sheriff for keeping the numbers down at the jail and Zima knows that he does everything he can to keep it from being overloaded, but he would rather see money spent on treatment rather than building additional jail pods. Gossage noted that when a person is incarcerated they are the Sheriff's person, but if the person is out on a condition of bond the question sometimes becomes who oversees the monitoring as it would not technically fall under the jail role and a determination would have to be made as to who will monitor these people. Options would be having a private company do it, require the person to pay for it which would have to be upfront or a day report center. He noted that many of the individuals this affects do not have the ability to pay upfront. If there was a day report center, the employees at the day report center would be monitoring that the people show up and take their meds and if they do not, the court would be advised. These people would not have a bracelet. Gossage noted that they could have a contracted service watching individuals who are at risk through the diversion program and it would just be a matter of budgeting for it. Gossage did not know how tangible of numbers he could get as he does not know how many people we're talking about diverting. Pritzl felt this is where targets need to be set and we have to come up with some shared goals or outcomes and then a sense of how many people we want to serve. In addition to Zima's request of coming with ideas, Pritzl felt that we should look at what we want to achieve to see if everything is coming together as it has to be a shared vision and purpose. Hoyer added that it could be looked at on a person by person basis, such as how much it would cost for a person to be in drug court, how much it would cost for the person to be in diversion, etc.

Lasee felt it was important to remember that there are certain areas where a savings will not be recognized until they get to certain numbers. For example, he needs all of the prosecutors he has unless they drop 250 – 300 cases from the caseload. If the caseload was 250 – 300 cases less, he may be able to save money on prosecutors and staff. Unless certain goals and outcomes are met in some areas, savings will not be realized to offset the expense.

Gossage added that a large component of this is what Pritzl has already done by putting the liaison position in his budget as this will probably have the best impact for those individuals being released from the jail and going back into the community and not going back into the jail. He felt that there would be a lot of cost savings here.

Lindner stated that each case manager currently has more than 30 cases. Pritzl stated that the turnover in that area is pretty low but added that he does not have any physical space to add staff.

Zima asked Gossage what percent of the jail population could be diverted over the next couple of years. Gossage would need to do additional research to see who may be eligible for diversion and whether the judges would allow the diversion. Steffen stated that just because someone is mentally ill does not mean that they did not do the criminal act and did not intend to do the criminal act. It would be nice to say that

everyone with mental illness could be diverted but there is a difficulty there as some of them have committed significant acts.

Zima noted that up to a third of the jail population has some extent of mental illness and asked how many of those are not serious criminals. Gossage indicated that there are currently five that definitely need to spend time in jail and there is a lot of energy and resources spent on these people. The problem with mental health issues is that they ebb and flow. If someone does not take their medications, they can go from being very complaint and easy to deal with to someone who is totally off the wall and difficult. They have no way of knowing what will trigger a person and send them into an episode. Zima asked about recidivism rates and Steffen responded that tracking recidivism is difficult in a county jail because everybody is mobile and people can be at a jail in any other area.

Zima felt there is a great opportunity to get something started in the next 4 - 6 months and hopefully within a year or so we could build a facility that meets the needs. Gossage stated that if the jail population were reduced by 30 inmates he would be able to close kilo pod, which is a drain because it requires 24/7 coverage. It was originally built for juvenile problem inmates and they do not have the need for that at this time, but they are having to divert inmates into that pod which then has to be staffed 24/7. Zima stated that reducing the population by 30 does not seem to be a difficult goal and he would like to see the figures as to what the savings would be for that. He felt that anything that can be done to keep pressure off the jail would be useful. Gossage warned that the classifications differ and he cannot just say he has 150 beds and can hold 150 inmates. Steffen stated that they go through classification all the time. They go through the booking forms which look at suicide needs, psychological needs. The problem is that the self-reporting people assert that they have mental health issues that do not. Pritzl added that they have people go into the jail and then go to Nicolet and become stable and then they have to go back to the jail where the cycle starts again. Steffen stated that although people are returned to the jail when they are stable, there are many that are not stable. Pritzl noted that people cannot stay indefinitely at any psych hospital. The step down is great, but then people come and say they do not need to be there anymore, but they cannot be released because there is the criminal issue pending so it ends up being circular. Pritzl noted that the jail cannot mandate someone to take medications. Weber asked about the three point petition and Lindner responded that that is similar to an EM1 in that it starts the commitment process. A medication order could be given to force medication, but some of the medications are not injectable and there is no real way to force oral medications. Steffen reminded that each individual has different needs and requirements. Pritzl stated that we really have to get to the more serious and persistent situations which could be anything from adjustment disorder, bipolar and major depression. Steffen stated that there are also behavior disorders which are not really mental health disorders but are still problematic. Pritzl stated that there is a lot that can be present that does not fall under what we are trying to address. There are people who have a significant mental health issue plus a significant functioning issue that if not properly treated will keep coming back time and time again and these are the people who we really need to catch. Steffen agreed and stated that there are two groups - one that we hope can be diverted from jail based on risk assessments, but also the very difficult problematic mentally ill.

Zima said he will use the same issue on the next agenda and he would ask that the Sheriff's Department, Corporation Counsel, Human Services and the DA's office have at least one joint meeting before the next

meeting of this group in which they bring their realistic initial approaches of what the most immediate needs are and try to put a figure to those needs so we can take a decent stab at doing something in the coming year. Zima believed that there is a large group of people on the County Board who understand how important this is. Zima stated this ad hoc committee is made up of persuasive, intelligent people that the Board will listen too. Hoyer added that he also felt the Board finds this a serious situation and he felt that there would be support for these initiatives.

Weininger indicated that he has recently reached out to Representative Nygren who is very interested in this group and what comes from it. Zima felt that there are many counties in the state that are dealing with these same problems. Weininger continued that there were some dollars set aside in this budget to look at some issues. This was done last year also but it was hard to get a number on it because the cost was not known.

Zima stated that these problems with mental health span across all walks of people and he is pleased with this initial meeting and is looking forward to hearing more reports at the next meeting.

3. Such other matters as authorized by law. None.

Motion made by Erik Hoyer, seconded by John Gossage to adjourn at 8:20 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary